



MAIL-IN DONATION FORM

Thank you for consideration a donation to Special Olympics Kansas. Your gift is a meaningful way to make a positive impact in the lives of people with intellectual disabilities.

GIFT INFORMATION

Donation Amount (US\$): \$50 \$100 \$250 \$500 \$1,000 Other \$ _____

Name _____ (OPTIONAL) Business Name _____

Address _____ City _____ State _____ ZIP Code _____

Country _____ Email Address _____ @ _____

(OPTIONAL) Please provide your phone number so we can reach you, if necessary, with questions regarding your donation.

Phone Number _____ - _____ - _____

My donation is enclosed. (Please make checks payable to Special Olympics)

Please charge my:     in the amount of \$ _____

Credit Card Number _____ CSC Code _____ Expiration Date _____

Name on Card _____ Signature _____

HONOR OR MEMORIAL GIFT INFORMATION (OPTIONAL)

This gift is: in honor of in memory of _____

Please complete the following if you would like an acknowledgement card sent to the honoree or family:

Recipient Name _____

Address _____ City _____ State _____ ZIP Code _____

Your Personal Message _____

TELL US ABOUT YOURSELF (OPTIONAL)

Please check all that apply to you

- I know someone who has an intellectual disability or a closely related developmental disability.
- I have coached for Special Olympics.
- I have volunteered for Special Olympics.
- Please send me a free guide to help organize my estate plan.

Special Olympics is exempt under Section 501(c)(3) of the IRS and this gift is tax deductible.

QUESTIONS?

Contact Donor Services

1 (800) 380-3071

8:30 a.m. - 5 p.m. EST

Email: donorservices@specialolympics.org

MAIL TO:

Special Olympics Kansas

5280 Foxridge Drive

Mission, KS 66202-1567